



CANDLES FOR LIFE

PO Box 6543 • Eagle Pass, TX 78853

830-968-0471 • <http://candlesforlife.org> • candlesforlife2007@gmail.com

Patient Name _____ Today's Date _____ / _____ / _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Telephone Numbers (Residence) _____ (Cell) _____

Type of Assistance Needed _____

Type of Cancer _____

Place of Treatments _____

Number of Treatments _____

Name of Your Doctor _____

Signature of Patient or Caretaker _____

Is this the first time you have applied for help from Candles for Life? (Please Circle) YES NO

Date you received help? _____ / _____ / _____

T-Shirt Size _____ Yes, I give permission for my photo to be used on Facebook/Candles Web Site

PLEASE ATTACH WITH THIS FORM:

- 1) Copy of Social Security Card
- 2) Copy of Identification Card (e.g., Texas Drivers License)
- 3) Medical/Doctor's Diagnosis Documentation (proof)
- 4) Copy of Appointment Schedule

Once you have the application completely filled out, please mail it to PO Box 6543, Eagle Pass, TX 78853
This assistance is available for cancer patients on an annual basis. *Annual checkups while in remission do not qualify.* Determination of assistance is based on funding availability.

FOR OFFICE USE ONLY

APPROVED _____ DISAPPROVED _____ CHECK # _____ AMOUNT _____